

Each camper must submit a current physical. The physical must be signed and dated by a health care provider (licensed physician, physician's assistant, or nurse practitioner acting under the supervision of a licensed physician) who has seen the camper within the last twenty-four (24) months.

DUE DATE for ALL health records for participants is June 1. If your physical can not be completed by this date, you may be able to continue to submit this form, up to 1 week prior to the start of the camp session (with Camp Director or Camp Nurse approval).

Camper Name: _____ Birthdate (month/ date/ year): _____ Gender: _____

To be completed by MD, PA or NP:

I have examined the above applicant within the past 24 months. **Date of exam:** _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____

In my opinion, the above participant's condition is acceptable to participate in an active outdoor camp program: Yes No

If No, please list any activities that should be limited:

The participant is under the care of a physician for the following condition: (Please include current treatment, including any medications):

A copy of the Permission for Medication Administration form must be completed by the prescribing practitioner for EACH medication (including over-the-counter or prescription, vitamins, and topical treatments).

Additionally, a special form is required if the camper will self-carry asthma medication or an api-pen or requires a treatment plan for history of seizure.

If the camper has a documented food allergy or prescribed special diet, please provide a signed medical statement describing the dietary restrictions due to the food allergy, diet and/or intolerance.

Medical Office Stamp or Address

Name of MD, PA, or NP: _____

Signature of MD, PA, or NP: _____

Phone: _____

Date Signed: _____